

The Health Foundation's Inclusion Panel

Our journey to embed inclusive practice in our work

15 June 2023



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About the Health Foundation

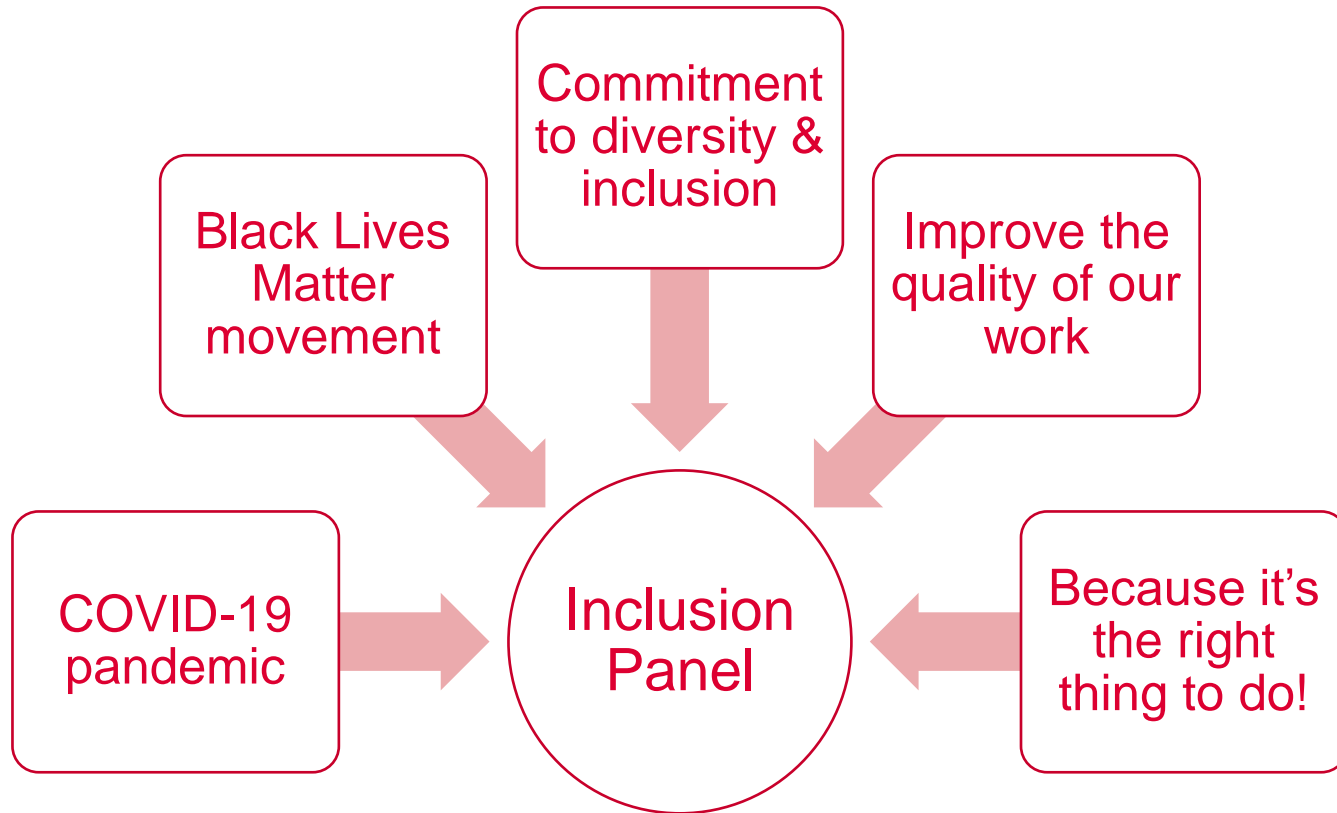
- In 1998, the sale of the PPP Healthcare Group (a mutual health insurance scheme) resulted in an endowment of £560m to establish the PPP Healthcare Medical Trust.
- The trust was renamed the PPP Foundation in 2001 and two years later took its current name – the Health Foundation.
- Today, the endowment is valued at over £1bn and continues to fund the Foundation’s charitable activities.
- This model is essential to the Foundation’s independence and ability to plan and fund work for the longer term.

What is the Inclusion Panel?

- The Inclusion Panel was set up over the summer of 2020, as proof of concept for a more inclusive approach to our work as a charitable funder.
- We wanted to make sure our work was more inclusive by listening to the experience, expertise and priorities of those who experience health inequalities, especially in light of COVID-19.
- Staff at the Foundation and/or our grant holders can consult the panel at any stage of the research process.
- The inclusion panel is made up of about 25 individuals who have professional expertise and lived experience across a number of protected characteristics and other markers of inequality (e.g. socioeconomic status, region, caring responsibilities).

<https://www.health.org.uk/about-the-health-foundation/inclusion-panel>

Reasons for setting up the Inclusion Panel



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Purpose and delivery of the panel

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The panel was set up to support the Foundation's work by:

- advising us on our COVID-19 Research Programme and research questions
- telling us if our approaches take account of inequality and inclusion issues
- helping us understand the underlying factors that cause some of the outcomes we're seeing in the data.

Delivery of the panel

- The panel is managed by the Foundation's Research team in partnership with Furner Comms and the panel members themselves.
- Teams from the Foundation can engage with the Panel in two ways: via monthly Zoom meetings or via bespoke (ad hoc) requests
- Panel members can claim a discretionary payment for their participation

The Inclusion Panel management team



Ben Furner



Lisa Gee



Kathryn
Collinson



Hardeep Aiden



Sarah Singfield

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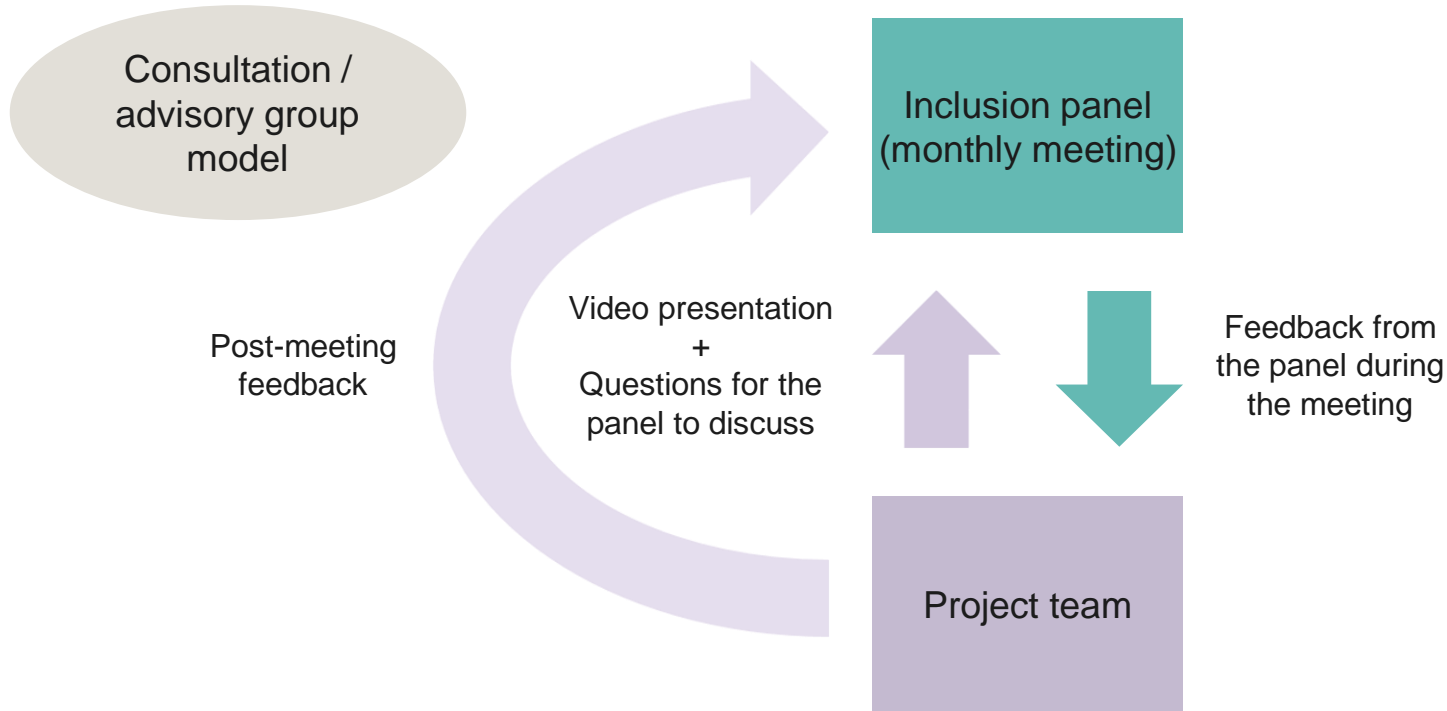
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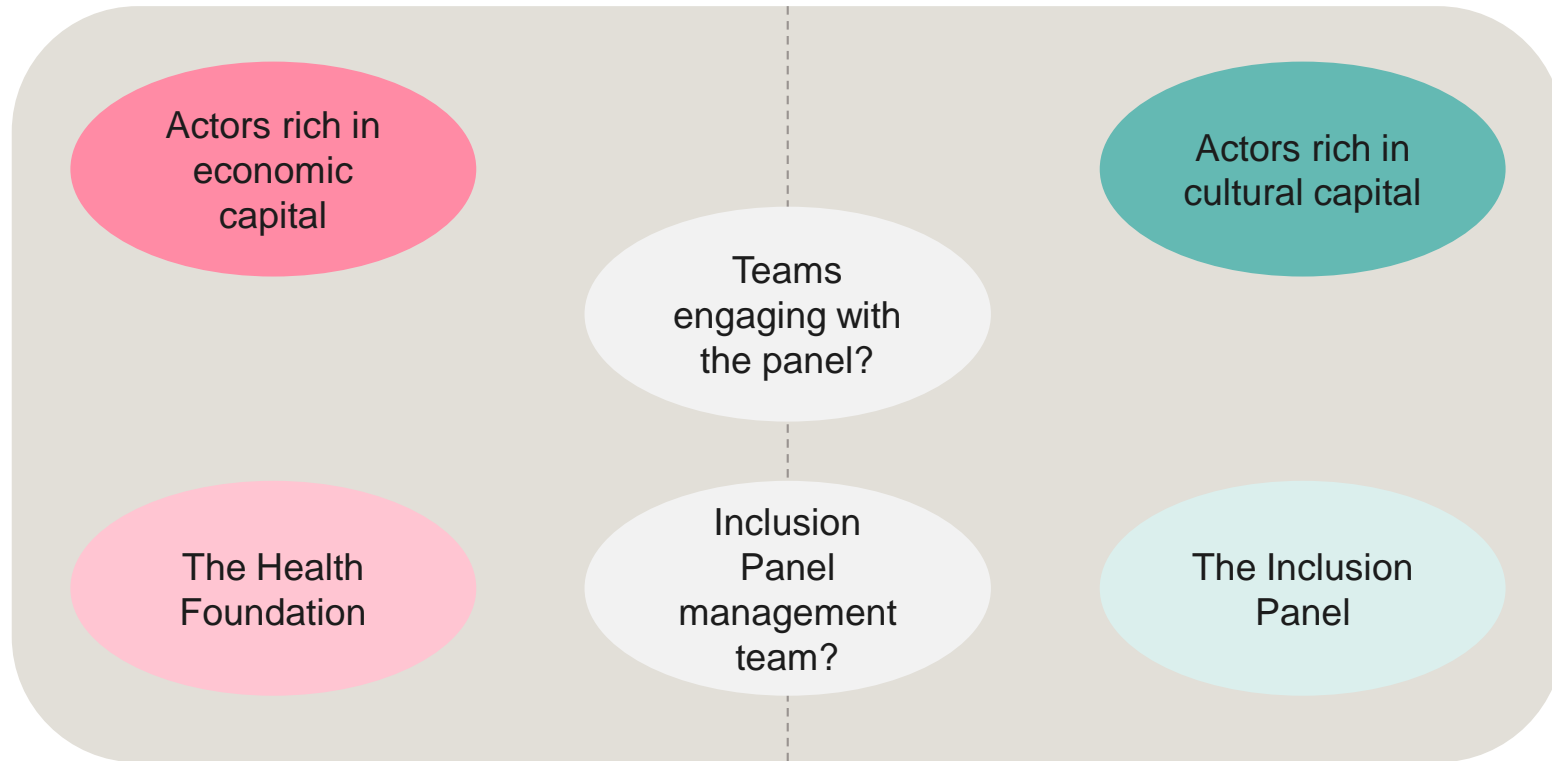
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How do the monthly meetings work?



Power dynamics surrounding the panel



Be honest about your relationship

- Panel members bring a wealth of lived expertise but the power to make decisions ultimately sits with the Health Foundation.
- We remunerate panel members in line with NIHR public involvement rates – but they have no control over our payment policy.
- At the beginning of the panel’s journey, its ultimate intention was described as ‘coproduction’. While this was well meant, our starting point was very far from coproduction.

Be honest about your relationship

- Be honest about the model you have – both the strengths and weaknesses – and then you can improve it.
- For example, panel members were given information to take in and comment on at the meetings but weren't involved in deciding who would attend meetings and what would be presented.
- We changed this process over time – panel members now help co-create panel meetings.

Make sure feedback goes both ways

- One of the key challenges for us has been getting feedback from the presenters to the panel members
- All the presenters have come away with useful learnings, some of which have influenced the design of projects or changed the presenters' ways of thinking about inclusivity, and some presenters have gone on to influence policy.
- But tracking the contributions that the panel has made has proved challenging.
- While we have a strong relationship with the panel members, and have pushed to make that relationship more equal over time, the power imbalance between panel members and presenters is still stark.

Take nothing for granted

- Inclusive practice is a tricky balancing act and it's important not to make assumptions about the roles and responsibilities that public contributors should have.
- For example, panel members were invited to chair/facilitate breakout groups during the meetings.
- While some appreciated this role, the majority felt it took away their opportunity to participate fully so this task reverted to the management team.
- There's a wider issue here around the value we place on "lived experience" and its purpose within inclusive practice.

Hopes for the next phase

- Public contributors name the next approach/model.
- Those involved are from a wider range of backgrounds, including people from marginalised or underrepresented groups in society.
- There is no expectation that one person represents an entire group/community.
- Public contributors are involved in projects/programmes *from the very start*.
- The Foundation recognises that NIHR's public involvement rates are outdated and updates their rates.
- The initiative will create the conditions for long-lasting change.
- No one involved in the inclusion initiative feels psychologically unsafe

Key messages

1. Relationships are key – the more time spent on building relationships, the better
2. Never assume – keep challenging take-for-granted assumptions through reflective practice
3. Don't get complacent – inclusive practice is hard to get right but continuous adaptation is essential

Thank you

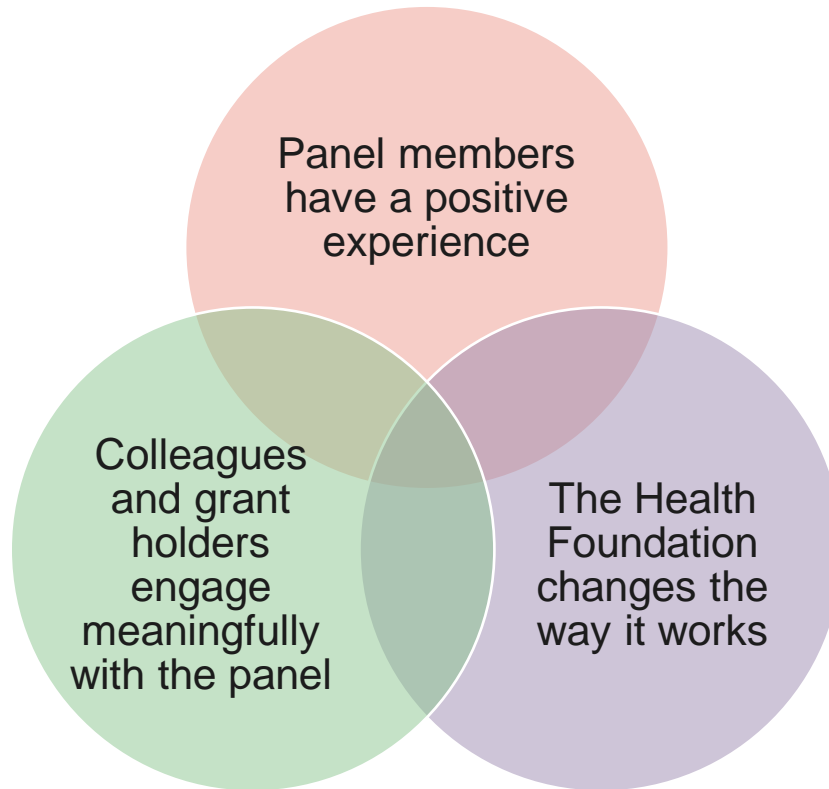
For more information about the panel, visit our website:

<https://www.health.org.uk/about-the-health-foundation/inclusion-panel>

You can also email us at:

inclusion.panel@health.org.uk

Our original aims



Some quotes

I didn't know what to expect as I'd never been involved in an inclusion panel before, but I found the guidance we got from the Health Foundation and Furner Communications very useful. I appreciated the panel members' willingness to ask honest questions about the project and that they were open enough to talk about their experiences. (Grant holder)

Comments from the Inclusion Panel were thoughtful and insightful; they made us question how to best approach our project and our analysis plans, and we will incorporate their feedback and questions into the project moving forward. (Grant holder)

We had invaluable support before the meeting on what to share in advance. And the panel meeting itself was really well-facilitated – we got so many interesting insights from panel members. People brought their individual experiences but I was struck by some of the similarities in discrimination across different protected characteristics. (Staff member)

As a [panel] member I feel part of something that makes a valuable contribution to change. I have gained confidence in exploring issues and information, and then expressing my views about various topics. (Panel member)

The Inclusion Panel enabled me to build upon my existing experience and work closely with researchers, panel members and The Health Foundation to support a culture of researching with not for or about people from marginalised communities. (Panel member)